

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/031803

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
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TOTAL IND.	2		1			
TOTAL DEP.	14		1			
TOTAL CLAIMS	16		1			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS